



# Department of Health

# Office of Addiction Services and Supports

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner, DOH

**ARLENE GONZÁLEZ-SÁNCHEZ, M.S., L.M.S.W.**  
Commissioner, OASAS

November 8, 2019

DHDTTC DAL 19-15  
RE: Permanent Waiver to Provide Detoxification Services in Excess of Bed/Patient Days Thresholds  
EXTENDED

Dear Chief Executive Officer:

On March 2, 2018 the New York State Department of Health (DOH) and Office of Addiction Services and Supports (OASAS) jointly issued Dear Administrator Letter (DAL) 18-05 offering Article 28 licensed hospitals the option to request a time limited waiver from the “discrete unit” threshold referenced in Mental Hygiene Law. This option was extended to December 31, 2019, as communicated in DAL18-19 issued on December 24, 2018. DOH and OASAS are pleased to announce that this program will be permanently continued.

Any hospital interested in participating in this program should notify OASAS as described below. Thereafter the hospital will receive authorization for a specific hospital site. Once authorized, a hospital can provide detoxification services above the threshold of 5 beds or greater than 10% of overall patient days to individuals who meet level of care criteria for detoxification services as determined using the OASAS designated tool Level of Care for Alcohol and Drug Treatment Referral (LOCADTR). This waiver will permit the admission and treatment of eligible individuals above the regulatory limits for detoxification without the need for an OASAS operating certificate or compliance with OASAS regulatory requirements.

For waivers already issued pursuant to DALs 18-05 or 18-19, and for any waiver issued on or after the date of this letter, the authorization will continue indefinitely.

As part of previous and future authorizations, participating hospitals will be asked to provide OASAS with limited data, including but not limited to number of individuals admitted to a particular site under the waiver, primary diagnosis, and length of stay.

The acute payment methodology, APR-DRG, will continue to be the payment mechanism for hospital-based detoxification services. The hospital should use rate code 2946 for acute services and they will receive a per discharge reimbursement for detoxification services under the APR-DRGs 770 through 776.

This letter is not applicable to Critical Access Hospitals (CAH), which require a separate consultation with DOH and OASAS due to their unique operating requirements and reimbursement mechanisms. Any CAH seeking to provide detoxification services above the OASAS certification threshold should consult with DOH and OASAS on how to provide detoxification services without jeopardizing their status as a CAH. Initial inquiries can be directed to [ORH@health.ny.gov](mailto:ORH@health.ny.gov).

Hospitals interested in utilizing the waiver should send notice of their intent to exceed the threshold to OASAS at [Legal@oasas.ny.gov](mailto:Legal@oasas.ny.gov). These requests will be acknowledged within five business days of receipt.

Sincerely,

Robert A. Kent

Daniel B. Sheppard

General Counsel  
Office of Addiction Services and Supports

Deputy Commissioner  
Office of Primary Care and Health  
Systems Management